

JAN 20 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

**Complete if Known**

Application Number	10/014,820
Filing Date	12/11/2001
First Named Inventor	Bertrand du Castel
Examiner Name	BHATIA, AJAY M
Art Unit	2145
Attorney Docket No.	40.0050

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

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☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 20 or HP =	x	=	
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HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 3 or HP =	x	=	
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HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 100 = / 50 = (round up to a whole number) x

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal (500.00) and Petition of Extension of time (120.00)

620.00

**SUBMITTED BY**

Signature	<i>Margaret Kelton</i>	Registration No. (Attorney/Agent)	44,182	Telephone	512 372 8440
Name (Print/Type)	Margaret Kelton	Date	January 20, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**COPY**

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**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)****Complete if Known**

Application Number	10/014,820
Filing Date	12/11/2001
First Named Inventor	Bertrand du Castel
Examiner Name	BHATIA, AJAY M
Art Unit	2145
Attorney Docket No.	40.0050

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

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☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

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**2. EXCESS CLAIM FEES**

<u>EXCESS CLAIM FEE</u>				<u>50</u>	<u>25</u>
<u>Fee Description</u>					
Each claim over 20 (including Reissues)				200	100
Each independent claim over 3 (including Reissues)				360	180
Multiple dependent claims					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
- 20 or HP = _____ x _____ = _____				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal (500.00) and Petition of Extension of time (120.00)

620.00

<b>SUBMITTED BY</b>		<b>Registration No.</b>	<b>Telephone</b>
Signature	Margaret Kelton	(Attorney/Agent) 44,182	512 372 8440
Name (Print/Type) Margaret Kelton		Date January 20, 2006	

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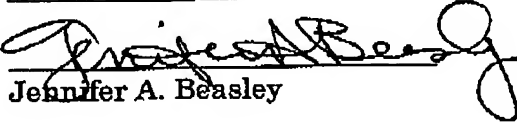
FEDERAL  
CENTRAL FAX CENTER**ANDERSON & JANSSON, LLP**

JAN 20 2006

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Austin, TX 78759  
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Peg@anjanlaw.com

Margaret Anderson  
Pehr Jansson

**FACSIMILE COVER SHEET**

<b>To: US Patent &amp; Trademark Off.</b> <b>FAX: 571 273 8300</b> <b>Attn: Commissioner for Patents</b>  <b>ART UNIT : 2145</b> <b>Examiner: BHATIA, AJAY M.</b>  <b>From: Margaret Kelton</b> <b>Reg. No. 44,182</b>	<b>Certificate of Transmission under 37 CFR 1.8</b>  I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No.: 571 273 8300) on <u>January 20, 2006.</u>  Jennifer A. Beasley
<b><u>In regard to:</u></b>  Appl. No. : 10/014,820  Conf. No. : 1681  Applicant : CASTEL  Filing Date : 12/11/01  Docket No. : 40.0050  Customer No. : 55922	<b>This certificate applies to the following documents transmitted herewith:</b>  <ul style="list-style-type: none"> <li>• Certificate of Transmission/Cover Sheet (this page)</li> <li>• Transmittal Form SB-21 (1 page)</li> <li>• Notice of Appeal Form SB-31 (1 page)</li> <li>• Petition for Extension of Time SB-22 &amp; Copy (2 pages)</li> <li>• Fee Transmittal Letter SB-17 &amp; Copy (2 pages)</li> <li>• Credit Card Form 2038 (1 page)</li> </ul>
<b>Total number of pages including this cover page</b>	<b>-- 8 --</b>

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/014,820
Filing Date	12/11/2001
First Named Inventor	Bertrand du Castel
Art Unit	2145
Examiner Name	BHATIA, Ajay M
Attorney Docket Number	40.0050

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Form 2038
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Anderson & Jansson, LLP		
Signature	<i>Margaret Kelton</i>		
Printed name	Margaret Kelton		
Date	January 20, 2006	Reg. No.	44,182

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	<i>Jonathan A. Beasley</i>		
Typed or printed name	Jonathan A. Beasley	Date	January 20, 2006

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